

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

**ORIGINAL**

Docket No. \_\_\_\_\_  
ICC Office Use Only

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

Please provide the appropriate information in the ( ) areas in the heading below.

Red River Networks, LLC :

Application for a certificate of  
Interexchange authority to  
operate as a reseller of telecommunications  
services statewide in the State of Illinois.

04-0780  
CHIEF CLERK'S OFFICE  
2001 DEC 15 1 P 1:31  
ILLINOIS  
COMMERCE COMMISSION  
mkm

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 30-0132931

Red River Networks, LLC

Address: Street 201 Robert S. Kerr, Suite 500

City Oklahoma City

State/Zip OK, 73102

2. Authority Requested: (Mark all that apply) \_\_\_\_\_ 13-403 Facilities Based Interexchange

X 13-404 Resale of Local and/or Interexchange

\_\_\_\_\_ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

\_\_\_\_\_ Section 735.180 Directories

\_\_\_\_\_ Other

Applicant is requesting the above waivers with the understanding that Applicant will maintain its accounting records according to GAAP in a level of detail similar to the accounting system which it currently uses and in sufficient detail to comply with all applicable tax laws. The granting of the requested waivers would be consistent with the Commission's orders in other proceedings and the purpose and underlying policy of the Act.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document N/A
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; N/A
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and N/A
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. N/A

5. In what area of the state does the Applicant propose to provide service?

Statewide

6. Please attach a sheet designating contact persons to work with Staff on the following:  
**See attached Exhibit A.**

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

_____ Individual	_____ Corporation
_____ Partnership	Date corporation was formed _____
<u>X</u> Other (Specify) LLC	In what state? _____

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See attached Exhibit B – Certificate of Limited Liability Company and Certificate of Authority to Transact Business in Illinois.**

9. List jurisdictions in which Applicant is offering service(s).

Colorado, Florida, Iowa, Louisiana, Mississippi, Missouri, New York, North Carolina, Ohio, Oklahoma, Texas, Kentucky, New Jersey, Arkansas, and Utah.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

     YES (Please provide details)   X   NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

     YES   X   NO

If YES, describe fully.

12. Has Applicant provided service under any other name?

     YES   X   NO

If YES, please list

13. Will the Applicant keep its books and records in Illinois?      YES   X   NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

**Permission to keep the companies books and records at the companies' principal place of business which is outside the state of IL is hereby requested.**

#### **MANAGERIAL**

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See attached Exhibit C.**

15. List officers of Applicant.

**James W Bannister, President**

**Danny Bannister Jr., CEO**

**Chad Dobbins, COO**

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?      YES   X   NO

If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill the customer on a monthly basis by written statement. The bill will meet all truth in billing requirements. Sample Invoice included as Exhibit D.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers can contact customer service by using a toll free number. All complaints will be handled promptly by the customer service department. If unable to reach a resolution, complaints will escalate to James W. Bannister. If the company and the customer cannot then resolve the issue, the customer will be informed in writing within 48 hours of the determination of non-resolution of their right to seek assistance from the Illinois Commerce Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?   X   YES        NO

20. What telephone number(s) would a customer use to contact your company?

(800) 860-9505

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

  X   YES        NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

All customers must have a signed LOA in order to obtain our service.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?   N/A

       YES        NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

  X   YES        NO

## **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See attached Exhibit E**

**TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES   X   NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

\_\_\_\_\_  
If NO, which facility provider(s)'s services does the Applicant intend to use?

**Global Crossing**

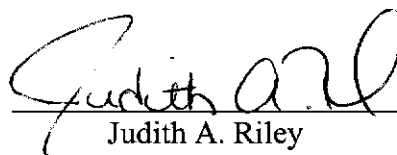
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

**Switched and Dedicated one Plus and Toll Free. Prepaid Calling Cards and Conference Calling.**

28. Will technical personnel be available at all times to assist customers with service problems?

  X   YES \_\_\_\_\_ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO

  
\_\_\_\_\_  
Judith A. Riley

Regulatory Consultant

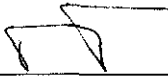
## VERIFICATION

This application shall be verified under oath.

## OATH

State of Oklahoma )  
 )ss  
County of Oklahoma )

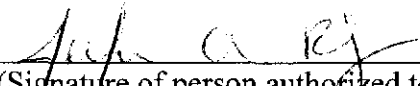
James W. Bannister makes oath and says that he is President of Red River Networks, LLC that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

\_\_\_\_\_  
(Title of person authorized to administer oaths)

in the State and County above named, this 11<sup>th</sup> day of December, 2004

  
(Signature of person authorized to administer oath)